

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						RECEIVED 07/23/97	FILING DATE
						APPLICANT/IS	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							61
2							62
3			/				63
4			/				54
5			/				65
6			/				66
7			/				67
8			/				68
9			/				69
10			/				60
11			/				61
12			/				62
13			/				63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS			14				TOTAL CLAIMS